

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kelly Moving INC.

Telephone: 864-468-5059

Address: PO Box 517

Fax: _____

12290 Hwy 11

Other: _____

Campobello, SC 29322

Email: KellyMoving@wintstream.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☒ Request to Amend Scope of Authority

☒ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS E AMENDMENT FORM

Mail or Fax a copy of this form to:

Public Service Commission of South Carolina
Clerk's Office
101 Executive Center Dr., Ste 100
Columbia, S.C. 29210

PHONE (803) 896-5100
FAX (803) 896-5199

Need Assistance with completing the Form?

SC Office of Regulatory Staff
Transportation Department

PHONE: (803) 737-0800

DATE: NOV. 2nd 2021

I have the following Certificate of Public Convenience and Necessity:

☒ Class E Household Goods # 9733 ☐ Class E Hazardous Waste # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name Change

From: _____
(Current Name)

(Current DBA, if Applicable)

To: _____
(New Name)

(New DBA, if Applicable)

☒ Scope of Authority

"see attached application"
(Current Scope)

"see attached application"
(New Scope)

(NOTE: All requests for expanded scope of authority for household goods movers require the filing of a full application and a formal hearing before the Public Service Commission. Any request to expand beyond three contiguous counties requires additional justification and will require the presentation of a shipper witness(s) at the hearing before the PSC.)

☒ Tariff (change in rates, fuel surcharge, etc. Attach any appropriate documentation)

Kelly Moving Inc.
(Name)
PO BOX 517, 12290 Hwy 11
(Street and/or Mailing Address)

(DBA if applicable)
Campobello, SC 29322
(City, State, Zip Code)

[Signature]
(Signature)
(864) 468-5059
(Telephone Number)

[Signature]
(Title) Owner, President, etc.